

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Gail Caldwell
Name

(2) 11220 4th St East
Address (number and street)

TREASURE Island FL 33706
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): COMMISSIONER of TREASURE Island - District 2
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 1 / 28 / 12 To 2 / 10 / 12 Report Type 62

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 323.98

Loans \$ 0

Total Monetary \$ 323.98

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 55.32

Transfers to Office Account \$ _____

Total Monetary \$ 55.32

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 623.98

(10) TOTAL Monetary Expenditures To Date
\$ 306.56

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Gail Caldwell

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Gail Caldwell
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Gail Caldwell

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Gail Caldwell
Signature

**CAMPAIGN TREASURER'S REPORT ITEMIZED
CONTRIBUTIONS AND FUND TRANSFERS**

(1) Name Gail Caldwell

(2) I.D. Number _____

(3) Cover Period 01/28/12 through 02/10/12 (4) Page 2 of 3

Contributions (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Fund Transfers)

Fund Transfers (Use separate sheets for Contributions and Fund Transfers. Do not combine sequence numbers with Contributions)

(5) Date	(7) Full Name(L, Suffix, F, M) Full Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
(6) Seq Num		Type	Occupation	Contribution or Transfer Type	In-kind Descrip or Nature of Acct.	Amended	Amount
02, 02, 12	JIM JACKSON 251 23 RD AVENUE S St. Pete, FL 33705	I	Retired Programer	CHE			\$200.00
①							
02 10 12	DAVID JOHNSON 5319-21 ST AVENUE N St. Pete, FL 33710	I	Service Provider -Charity	CHE			100.00
②							
02, 10, 12	Steven McHugh 614 66 ^{AVENUE} S St. Pete FL 33705	I	Consultant	CHE			23.98
③							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gail Caldwell

(2) I.D. Number _____

(3) Cover Period 01/28/12 through 02/10/12

(4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
01/31/12	WALMART 3993 Tyndale Blvd N St Pete 33709	OFFICE SUPPLIES	M		\$ 5.32
①					
02/07/12	Supervisor of Election St. Petersburg FL	DATA - VOTERS	M		50.00
②					
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